VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 28, 2015

Ms. Jayne Placey, Manager
Hill Street
201 Hill Street
Barre, VT 05641-3920

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 30, 2015.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0376	A. BUILDING: _____ B. WING _____	06/30/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILL STREET	201 HILL STREET BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection of 6/30/15. The following regulatory violations were identified during the review:	R100		
R136 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.7. Assessment 5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff confirmation the facility failed to assess 2 of 3 applicable sampled residents after a significant change in condition for Residents #1 and #3 as required. The findings include the following: 1. Per medical record review, Resident #1 was hospitalized on 10/12/14 for a surgical repair of a fractured hip and returned to the home on 10/14/14. A second hospitalization took place on 10/15/14 for IV antibiotics as a result of an infection and returned to the home on 10/17/14. A third hospitalization took place on 11/10/14 for a bowel obstruction with a surgical repair and returned to the home on 11/26/14. Resident assessments completed are identified as an Admission Assessment with a reference date of 8/19/14 and a Significant Change in Status Assessment with a reference date of	R136	Please see attached for plan of correction	

R136 - R291 POCs accepted 7/27/15 MBertrand RN/pmc

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R136	Continued From page 1 10/30/14 both signed by the Registered Nurse. The date the significant change assessment was signed as completed by the RN on 8/26/14. There is no evidence in the medical record that identifies that a significant change assessment was completed after the surgical repair of the bowel obstruction after a 16 day absence from the home. Confirmation by the RN during this review identifies that the care plan was updated, but a change in condition assessment was not completed. 2. Per medical record review at 3:16 PM, Resident #3 was hospitalized on 10/2/14 for IV fluids and antibiotics to treat a urinary tract infection (UTI) and returned to the home on 10/3/15. A second hospitalization took place on 3/19/15 to the intensive care unit for a UTI and returned to the home on 3/25/15. A third Emergency Room visit took place on 4/17/15 due to a recurrent UTI and returned the same day. A fourth hospitalization took place on 4/21/15 for Urosepsis, was treated with IV fluids and antibiotics and returned to the home on 4/27/15. Resident assessments completed are identified as reassessments with assessment reference dates of 6/10/14 and 6/5/15 and are signed by the Registered Nurse. There is no evidence in the medical record that identifies that a significant change assessment was completed after 3 admissions to the acute care hospital for recurrent UTI's/Urosepsis. Two of the hospital stays resulted in absences from the home for 6 days each. Confirmation by the RN during this review identifies that the care plan was updated, but a change in condition assessment was not completed.	R136		

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R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff the facility failed to maintain a safe, sanitary, homelike and comfortable environment for 3 of 6 resident bedrooms rooms and 1 of 2 tub/shower rooms. The findings include the following: 1. Per observation during the initial tour at 8.45 AM in the presence of the Registered Nurse (RN) and the Manager, the handicap shower room located in the back of the home was found unlocked with the door open. Storage of chemicals were located on the floor. Residents were observed ambulating independently in the area. The following chemicals were confirmed by the RN and the Manager to be present, accessible by wandering residents and were a potential harm if a resident were to ingest or spray themselves. 2 partially used bottles of floor cleaner, 2 gallon containers of simple green cleaner, 2 cans of spray disinfectant, a can of Lysol and a can of Protech citrus carpet cleaner. An empty spray bottle of quaternary sanitizer was also present. 2. Per observation during the initial tour at 8:45 AM in the presence of the Registered Nurse (RN) and the Manager, resident bedrooms (Resident #2, #3 and #4) and the whirl pool tub room located in the back of the home were found to	R266		

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R266	Continued From page 3 have air exchange vents heavily caked with dust and debris. The vents were noted to be circulating fresh air into the rooms. Confirmation was made by the RN and the Manger at the time of the tour that the vents needed attention. 3. Per observation during the initial tour at 8:45 AM in the presence of the Registered Nurse (RN) and the Manager, Resident #4's bedroom was found to have the heating unit partially covered with exposed sharp edges, that could potentially harm a resident if touched or fallen on. Confirmation was made by the RN and the Manager during the tour that this is a potential hazard.	R266		
R291 SS=E	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.d Hot water temperatures shall not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by: Based on observation and staff confirmation the facility failed to ensure that water temperatures did not exceed 120 degrees in 2 of 3 resident bathrooms sinks reviewed. The finding include the following: During the initial tour of the facility in the presence of the Registered Nurse (RN) at approximately 8:45 AM, toilet facilities used by residents located in the front and back of home, registered hot water temperatures at 122 degrees and 124 degrees. This was confirmed by the RN at the time of the tour.	R291		

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Plan of Correction

For

Hill Street Facility

ID Tag #	Provider's Plan of Correction	Completion Date
R136	After any hospital/specialty visit/or Supporting therapy appointment a Reassessment will be completed and Signed and dated by the RN upon their return to the Home from hospital/appointment or Recommendation of a specialty therapy.	7/15/15
R266	1. The chemicals mentioned will be moved to The Linen closet area on the shelves provided and the room will be maintained in a locked Manner. (Hopper room has been locked)	7/14/15
	2. The vents in the whirlpool room were cleaned The same day of the inspection by the maintenance Department and brushing tool was given to staff to Assure on-going cleanliness.	6/30/15
	3. The heating unit end piece has been replaced. The manager has put this on the maintenance	6/30/15

Checklist to be completed by staff.

R291 The temperature of the water will be measured by 7/15/15

A digital thermometer to assure accuracy of temperature.

Maintenance will assure purchase of this device.

A record of temperatures checks will be maintained

As before.

Jayne Placey
7/20/15